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Description automatically generated ****

**The Shed Referral Form**

Please complete this form to refer potential male clients in Salford aged 18+ for support to our Targeted Adult Services Teamand email to**: adultservices@salfordfoundation.org**

All referrals will be checked against eligibility criteria and allocated to an appropriate project/service including:

* Creative Health (Health & Wellbeing, healthy lifestyle)
* Elevate Salford/Landsec Futures (Careers Guidance, Employability, Education & Training, Work Experience)
* Homeless Prevention (Money Skills, Independent Living Skills)
* Signposting to other services and support (where appropriate)

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| --- | --- | --- | --- |
| **Client Details** | | | |
| Name of Client: |  | | |
| Address: |  | | |
| Home Phone: |  | Mobile Phone: |  |
| Date of birth: |  | |  |

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| **Please indicate by ticking all relevant boxes whether this person is experiencing any of the following needs or issues:**  Self-Harm Homelessness/Accommodation Social isolation Digital Exclusion  Mental Health Physical Health Drug and/or Alcohol Misuse Offending behaviour    Domestic Abuse/Violence Employment /Training/Education Parenting Issues  Family/Relationship problems Financial/Debt Problems Welfare Assistance |
| Other (Please Specify) eg additional vulnerabilities or needs. |

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| --- | --- | --- |
| **Client Motivation and Initial Consent *(please tick each relevant box)*** | **Yes** | **No** |
| Is the client motivated to engage with The Shed & Salford Foundation? |  |  |
| Has the client agreed to the referral being made to The Shed? |  |  |
| Has the client agreed that The Shed can contact them directly? |  |  |
| Has the client agreed that you can share their information with the Shed? |  |  |

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| --- | --- | --- | --- |
| **Risk Assessment Levels *(please tick each relevant box)*** | **High** | **Med** | **Low** |
| Risk of harm to others |  |  |  |
| Risk of offending or re-offending |  |  |  |
| Vulnerability |  |  |  |
| Any other known risk |  |  |  |

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| **Risk details** |
| Risk to family members or other people he/they are in dispute with. |

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| **Reasons for referral** |
| Why are you referring this person? |
|  |
| Is there any other information you feel we may need to be aware of? |
|  |

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| --- | --- | --- |
| **Other professionals or agencies known to be working with this person?** | | |
| Name | Agency | Contact details: Phone/ Email |
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| --- | --- |
| **Referrer Details** | |
| Referrer Name: |  |
| Job role and agency: |  |
| Telephone numbers: |  |
| Email address: |  |

|  |  |
| --- | --- |
| **Signed by referrer:** | **Date:** |

**Salford Foundation Office Use Only:**

|  |  |
| --- | --- |
| **Risk information assessed & recorded in risk register: Y / N** | **Initials and Date:** |
| **Risk levels discussed and agreed with Manager: Y / N** | **Initials and Date:** |
| **Project Allocated to:** | **Project worker initials:** |
| **Date allocated:** | **Initials:** |
| **Date contacted:** | **Initials:** |

**Thank you to all our funders of The Shed services including Bupa Foundation, Salford CVS, Albert Gubay Charitable Foundation, Landsec and Nationwide.**

**Salford Foundation, Registered Charity 1002482 Tel: 0161 787 8500**